


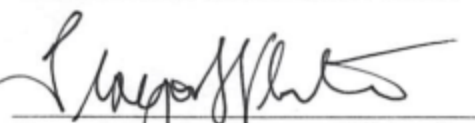
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2 Chairman Phil Mendelson

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6 Councilmember Anita Bonds


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14 Councilmember Kenyan R. McDuffie

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22 Councilmember Trayon White, Sr.

  
Councilmember Charles Allen

  
Councilmember Mary M. Cheh

  
Councilmember David Grosso

  
Councilmember Brianne K. Nadeau

  
Councilmember Robert C. White, Jr

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31 IN THE COUNCIL OF THE DISTRICT OF COLUMBIA  
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36 To require individual or group health plans and health insurance coverage through Medicaid or the  
37 D.C. Healthcare Alliance program to cover at least two postpartum healthcare visits, home  
38 visits, fertility preservation services, and transportation stipends for travel to and from  
39 prenatal and postpartum visits, to require Medicaid to provide coverage for pregnant  
40 District residents with an income at 319% of the federal poverty level for one year  
41 postpartum, to require the Department of Health to conduct a study on the feasibility of  
42 developing a curriculum to train doulas, to establish a Center on Maternal Health and  
43 Wellness; and to require implicit bias training to be included in continuing medical  
44 education.  
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BE IT ENACTED BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, That this act may be cited as the “Maternal Health Care Improvement and Expansion Act of 2019”.

## TITLE I. EXPANDED ACCESS TO MATERNAL HEALTH SERVICES

### Sec. 101. Definitions.

For the purposes of this title, the term:

(1) “Doula” means an individual trained to and experienced in providing emotional and physical support during pregnancy, labor, and birth, and postpartum.

(2) “Fertility preservation” means a procedure used to help preserve an individual’s ability to conceive children, that occurs before a medical treatment that may cause infertility, such as radiation therapy or chemotherapy. Fertility preservation procedures may include sperm banking, egg freezing, in vitro fertilization with embryo freezing.

(3) “Health insurer” means any person that provides one or more health benefit plans or insurance in the District of Columbia, including an insurer, a hospital and medical services corporation, a fraternal benefit society, a health maintenance organization, a multiple employer welfare arrangement, or any other person providing a plan of health insurance subject to the authority of the Commissioner of the Department of Insurance, Securities and Banking.

(4) “Home visits” means individually designed maternal healthcare services to provide diagnosis, treatment, and wellness monitoring in an individual’s home.

(5) “In-network” means the health care providers or health care facilities that have contracted with a health insurer to provide services to beneficiaries for negotiated rates.

(6) “Medicaid” means the medical assistance programs authorized by title XIX of the Social Security Act, approved July 30, 1965 (79 Stat. 343; 42 U.S.C. § 1396 *et seq.*), and by section 1 of An Act To enable the District of Columbia to receive Federal financial assistance

under title XIX of the Social Security Act for a medical assistance program, and for other purposes, approved December 27, 1967 (81 Stat. 744; D.C. Official Code § 1-307.02), and administered by the Department of Health Care Finance.

(7) “Medically necessary” means health care services or supplies needed to diagnose or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine.

(8) “Maternal mortality” shall have the same meaning as provided in paragraph (2) of the Maternal Mortality Review Committee Establishment Act of 2018, effective April 11, 2019 (D.C. Law 22-292; D.C. Official Code § 7-671.01(2)).

(9) “Postpartum” means the time after delivery when maternal physiological changes related to pregnancy return to the nonpregnant state, which may last for as long as 12 months after delivery.

(10) “Severe maternal morbidity” means unexpected outcomes of labor and delivery that result in significant short or long-term consequences to an individual’s health.

Sec. 102. Expanded access to maternal health care.

(a) An individual health plan or group health plan and health insurance coverage through Medicaid or the D.C. Healthcare Alliance program shall provide coverage for individuals for the following health care services and expenses:

(1) At least two postpartum healthcare visits, one of which may take place within the first two weeks postpartum, as well as additional postpartum visits related to the pregnancy as deemed medically necessary by an individual’s health care provider;

(2) Home visits;

(3) Fertility preservation services, without subjecting patients to waiting periods prior to coverage; and

(4) Transportation stipends for travel to and from prenatal and postpartum visits.

(b) Medicaid shall provide coverage for pregnant District residents with an income at 319% of the federal poverty level for one year postpartum.

(c) By October 1, 2021, the Department of Health shall conduct, and provide the Mayor and the Council of the District of Columbia with, an analysis of:

(1) A study on the feasibility of developing a curriculum to train doulas, with a focus on improving maternal health outcomes for racial and ethnic minorities in the District; and

(2) Strategies for expanding the use of doulas by pregnant individuals in the District in order to improve maternal health outcomes in communities with a high rate of maternal mortality and severe maternal morbidity.

Sec. 103. The Center on Maternal Health and Wellness.

(a) There is established a Center on Maternal Health and Wellness (“the Center”) to assist pregnant individuals through the various stages of pregnancy, to provide a space for community support, and to promote access to services.

(b) The Center shall:

(1) Occupy a physical space in a location that is accessible by public transportation;

(2) Make its services available to District residents regardless of the individual’s physical presence in the space, including through telehealth and online;

(3) Provide onsite childcare services for pregnant individuals who utilize the Center’s services; and



(4) Include maternal care coordinators on its staff to help pregnant individuals navigate services available in the District before and during pregnancy and postpartum.

(c) The Center's duties shall include:

(1) Developing a public information campaign to advertise its services and to encourage pregnant District residents to access care within the first trimester of their pregnancy;

(2) Promoting opportunities for peer-to-peer maternal group support by providing grants to develop such groups;

(3) Developing and coordinating a network of health care providers to make home visits;

(4) Developing a texting or mobile application service to provide individuals with reminders and updates about accessing pregnancy-related care and the Center's services;

(5) Providing counseling and educational materials on health and nutrition for pregnant individuals;

(6) Providing group counseling for individuals or family members who have been impacted by a severe maternal morbidity or a maternal mortality; and

(7) Offering monthly supplies of prenatal vitamins.

(d) The Center shall provide the following resources:

(1) Information about available maternal health care options in the District, including information about services provided by midwives and doulas;

(2) Resources about family planning, primary care, and mental health services; and

(3) Information about the services provided at the Center for District hospitals to share with pregnant residents who access emergency room services.

## TITLE II. IMPLICIT BIAS TRAINING

Sec. 201. The District of Columbia Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code § 3-1205.10), is amended as follows:

(a) Subsection (b) is amended as follows:

(1) Paragraph (4)(B)(v) is amended by striking the phrase “; and” and inserting a semicolon in its place.

(2) Paragraph (5)(B)(vii) is amended by striking the period and inserting the phrase “; and” in its place.

(3) A new paragraph (6) is added to read as follows:

“(6)(A) Except as provided in subsection (b-1)(4) of this section, require that any continuing education requirements for the practice of any health occupation licensed, registered, or certified under this section include 2 credits of instruction on implicit bias.

(b) Subsection (b-1)(4) is amended by striking the phrase “subsection (b)(5)” and inserting the phrase “subsections (b)(5) and (b)(6)” in its place.

### TITLE III. APPLICABILITY; FISCAL IMPACT STATEMENT; EFFECTIVE DATE

#### Sec. 301. Applicability.

(a) This act shall apply upon the date of inclusion of its fiscal effect in an approved budget and financial plan.

(b) The Chief Financial Officer shall certify the date of the inclusion of the fiscal effect in an approved budget and financial plan and provide notice to the Budget Director of the Council of the certification.

(c)(1) The Budget Director shall cause the notice of the certification to be published in the District of Columbia Register.

158                   (2) The date of publication of the notice of the certification shall not affect the  
159 applicability of this act.

160           Sec. 302. Fiscal impact statement.

161           The Council adopts the fiscal impact statement in the committee report as the fiscal impact  
162 statement required by section 4a of the General Legislative Procedures Act of 1975, approved  
163 October 16, 2006 (120 Stat. 2038; D.C. Official Code § 1-301.47a).

164           Sec. 303. Effective date.

165           This act shall take effect following approval by the Mayor (or in the event of veto by the  
166 Mayor, action by the Council to override the veto), a 30-day period of congressional review as  
167 provided in section 602(c)(1) of the District of Columbia Home Rule Act, approved December 24,  
168 1973 (87 Stat. 813; D.C. Official Code § 1-206.02(c)(1)), and publication in the District of  
169 Columbia Register.